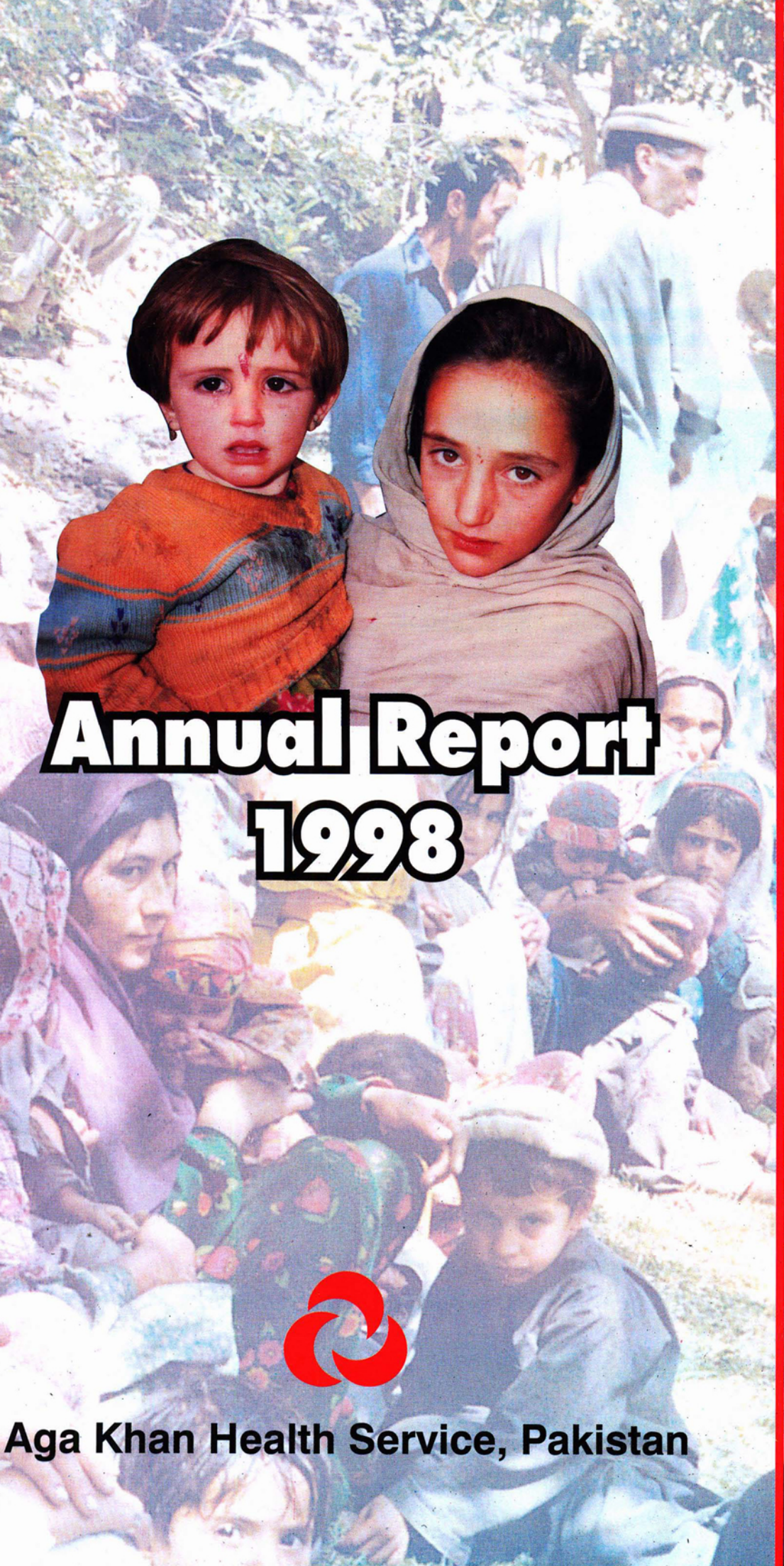
1998

AKHS Annual Report : 1998

Aga Khan Health Service



Annual Report 1998

Aga Khan Health Service, Pakistan

Contents

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A message from the Chairperson

I feel immense pleasure that AKHS,P is producing its first annual report on a national level. This report will facilitate sharing our experiences on evolving a health care system in a developing country, with our friends, supporters, donors and other organizations engaged in achieving similar objectives.

This occasion provides the opportunity for me to recognise and appreciate the devoted work of the volunteers and staff for their selfless services to the organisation. In fact, the work rendered by these two pillars of AKHS,P is the life and blood of the organisation. I would like to record my deep appreciation of the Government of Pakistan for providing support in the form of collaboration and cooperation right from local to national level. Availing this opportunity, I would like to express my deep gratitude to the donor agencies who extended financial support to our Primary Health Care programs in rural areas and thereby became partners in this humanitarian work.

AKHS,P's ultimate objective is to enhance the quality of life of the people by improving their health status.

The objective of improving health status of the people can be achieved through developing a health care system which provides quality service that is affordable, accessible and sustainable. From AKHS,P's perspective, the role of grassroots communities in developing such a system can hardly be over emphasised, therefore, AKHS,P's community based approach will gain even greater significance in future. Undoubtedly, AKHS,P will improve the quality of its ongoing services and expand them in accordance with the needs of the people and resources available at its disposal.

As an organisation, we have to grasp AKHS,P's vision with conceptual clarity, develop appropriate strategies to implement it and work with more devotion and commitment to fully actualise it. The ultimate result of this is enhancement of the quality of life of the people it is committed to serve.

Dr. Afroze Sherali

The Chief Executive Officer's report

This annual report aims to summarize the major achievements of AKHS, P during 1998 and to identify the issues which remain important for us as we move through 1999. It was a year like many others in AKHS, P which saw some significant & long worked - for projects coming to a successful conclusion and the start up of new programmes designed to continue our tradition of increasing the range & volume of services provided to our target populations.

AKHS, P is growing a health system in Pakistan. The provision of effective, safe, well tried & tested maternal & child health care is the organization's bedrock service. Lady Health Visitors are trained in promoting good health and in enabling communities to prevent ill health & are supported by a well resourced Health Education Department. The recent move into providing primary health care for all the family through Family Health Programmes continued to provide challenges as communities seek to motivate members to use the services available for their own benefit.

Further developments of the health system occurred with progress in providing day surgery facilities associated with diagnostic centers and with serious consideration being given to establishment of a community hospital in Gilgit.

The year saw the commencement of a range of new health programmes including the eye care programme piloted in Karachi & the Northern Health Project funded by the World Bank to share skills with Government health providers in the Northern Areas.

Although in the Northern Areas & Chitral the donor funded programmes remained in maintenance mode during the year, some significant progress was made. Booni Maternity Home (Chitral) transferred to a wonderful new building in June and started to provide an enhanced range of services to Upper Chitral. The health center construction programme saw the completion of a range of new buildings in Yasin & Lotkoh. A monitoring visit by DFID provided the stimulus to continue thinking what services can most effectively be provided in Lower Chitral and how family planning services can be promoted even more vigorously. Gilgit Maternity home moved late in the year to new & improved premises.

A major theme of the organization in recent years has been the conscious evaluation of the quality of our services and putting in place concrete measures to improve their effectiveness and acceptability. The staff of the maternity homes in Karachi took time to devise standards of nursing care & to audit their practice against them. Much helpful advice was received from the Head of Obstetrics & Gynaecology at AKU in respect of our clinical services. Time was taken to study neonatal mortality & to devise strategies for improvement. Interesting developments took place in research as we collaborate in a number of studies with AKU.

Collaboration with partner agencies remained vital for the organization. Much work was done with AKUH to continue developing effective & mutually beneficial links and the Oversight Committee gave formal endorsement to the informal contacts. In particular, an agreement was forged

on how AKUH & AKHS, P will collaborate in the provision of services at the medical center to be constructed at Karimabad Maternity Home. AKHS, P worked with AKF to stay close to donors and received much support from GRB in such areas as the introduction of the Provident Fund.

We continued to be concerned about developing our human resource with investment in training & development and the formulation of an enhanced compensation package to reward staff in line with the market. Late in the year the Board went on retreat to consider what implications the appointment of CEO has for the management of the organisation. Members pledged to work towards revised arrangements & a study of the governance arrangements was commenced.

1998 was good year financially with revenues from the Karachi & Hyderabad Maternity Homes being greater than budgeted. This enabled some support to be given to the North, especially Chitral, when donor funding was significantly less than anticipated, and major cash flow problems were encountered prior to AKF support resolving the situation.

The themes which were important in 1998 remain very significant for us in 1999. The major institutions in the South must be nurtured to achieve their full potential; we must press on with developing new services to meet the many remaining health needs of our communities; the human resource must be enabled to contribute fully to the organization's work; the quality & effectiveness of our services is at the heart of our competitiveness and the sustain ability of our health system as a whole.

I am very grateful to all who have contributed to the production of this report and especially to Mr. Ghulam Abbass who did so much of the editing.

Stephen Hayes

A brief historical back ground to AKHS, P

For a reader who is not aquainted with the history of AKHS, P a brief historical survey appears necessary to provide a context within which the subsequent report can be located.

The conceptual genesis of AKHS, P is located in an ethical attitude which forms an integral part of Islamic world view. This ethical attitude engenders a value system in which serving other human beings is intrinsic. This ethical perspective underpins all the AKDN institutions. AKHS, P being a constituent part of AKDN necessarily shares this principle.

In Pakistan the historical manifestation of AKHS, P began with the establishment of Janbai Maternity Home Kharadar, Karachi, in 1924. At a time, when health awareness and health facilities were at their minimum in the Subcontinent, the idea of a maternity home, aiming at improving the health of women and children must have been a revolutionary idea.

Janbai Maternity home was the beginning of a historical process or a movement which instead of fizzling out, evolved with the passage of time. In Pakistan, this historical process took the form of AKHS, P. It also gave rise to similar processes in other countries where Ismaili Muslim community lived and practiced their faith freely. The vision of the forty ninth Ismaili Imam, Sir Sultan Mohammed Shah Aga Khan, the third was the vital force behind this process. His vision still continues to unfold under the guidance of the current Imam, His Highness Aga Khan the fourth.

The AKHS, P's evolutionary development can be broadly categorized into three main phases; the first phase consists of preventive programs and establishment of fixed health outlets and facilities; the second phase evolved out of introducing primary health care which is the only way to provide basic health facilities to all people; the third phase came into being with the introducing of secondary care services through establishing maternity homes, medical centers and diagnostic centers, which apart from providing secondary health care to the communities, function as referral and support in terms of training, to the primary health care system. The third phase is still in the formation process.

The evolution of AKSH, P is, in reality, the evolution of a health care system or formation of a health care model in a developing country which is replicable in similar circumstances elsewhere. This model or system is still evolving, with the passage of time, the inbuilt process of learning from experiences, will mature this model, and will play a creative role in the health system developing on a national and international scale.

The construction of Janbai maternity home was like an act of sowing a seed of a health care system. To day this seed has matured into a fully developed fruit bearing tree which has 250 branches all over the country. The sincere services and creative talent of countless individuals have provided and is still providing the care which is necessary for the unhindered growth of this fruitful tree.

Our approach

AKHS,P, as an organization, evolved a particular approach in health system development. This approach, with a certain amount of variations, is shared by all the AKDN organizations. The fundamental element in this approach is its emphasis on community participation. According to this concept, systems are developed with full participation of common people, their creative potential and ability to make systems self-sustainable. Through a process of honest and meaningful dialogues, the organization develops a relationship with the community which leads to an understanding of real needs of the community; then a process of prioritizing is followed by the need analysis. The dialogue process provides community the opportunity to grasp the vision and approach of the organization and also through the dialogues the community realizes its own potential and share of responsibility in developmental activity.

When community is involved and given space to take an active part at the levels of planning, implementing and sustaining the development process, then the community feels empowered, gains self-confidence and is encouraged to take realistic initiatives in partnership with the organization towards enhancing the quality of their own lifes. Through the activity of social organization which facilitates the participation of the community, its creative energy is triggered and the people begin to consider themselves as genuine partners of the organization. In taking new initiatives, the organization has to carefully consider the cultural context of the communities; values formed out of centuries of cultural experience of a community have to be respected and protected.

An organization which claims to practice a people friendly philosophy of development, has to constantly remain in tune with the dynamics of the grassroots communities. The demography and general conditions of the communities are constantly in a flux, therefore, the organization has to take cognizance of that constantly changing process. A strong and creative relationship between communities and the organization is dependent on the constant and open-minded dialogue which creates a realistic understanding of each other's needs, expectations and resources. When this dialogical process is weakened, inevitably, the trust and confidence between people and the organization is reduced and long term sustanability of the institution in point, becomes doubtful. Another critical factor for more meaningful involvement of the communities is continuous communication of relevant information on the basis of which communities define their needs more comfortably.

The community participation in the program process takes place in two forms: formal and informal. A formal or structured participation becomes possible through local, regional and national health boards, and informal participation is through common members of the community with whom the organization remains in touch through local health boards and

also directly through field teams. The formal nature of the community participation varies from urban to rural areas and from primary to secondary care.

In essence, AKHS,P and communities form a partnership to develop a need based health care system. This partnership, however, is not exclusive, rather it involves the relevant authorities of the govt., because the AKHS,P's efforts to provide health care to the people is, actually, an additional support to a primary responsibility of the govt. The AKHS,P's commitment to develop a sustainable health care system in the developing world is, essentially, a humanitarian act; this organization also forms a partnership with such international development agencies, NGOs and govts. who have a similar objective. Thus, AKHS,P forges a multiple and multi-levelled partnership which involves global development forces and tries to channelize them to the benefit of communities in need. Experience will enable this organization to learn more and more ways to explore, develop and utilize these partnerships for the mutual benefit of the partners involved.

AKHS,P partakes in the overall vision of the AKDN (AKU included) institutions, therefore, the former has to develop partnership with the latter on various levels to remain in tune with the overall direction of the development process engendered by AKDN and receive and give support whenever necessary to the development partners on an ongoing basis.

These partnerships are dynamic relationships. They are not mechanized and frozen in time, therefore, they need to be reviewed, refined and made increasingly productive with the passage of time. This process certainly requires constant and effective communication with our partners on every level.

Northern Areas and Chitral

Northern Areas and Chitral are situated in the extreme North of Pakistan. This region is geographically most isolated with a mountainous and rugged topography. The communications in this area are still underdeveloped. The existing fragile road network is vulnerable to natural hazards. Heavy rain and snow fall and melting snow and glacial water can cause road blocks; cloudy skies make flights risky to operate. There is a permanent element of uncertainty intrinsic in the communication network of the area. However, nearly 70% of the program activities of AKHS,P are concentrated in these areas. Over the years, AKHS,P has been able to establish health facilities in most isolated and inaccessible villages in partnership with local communities.

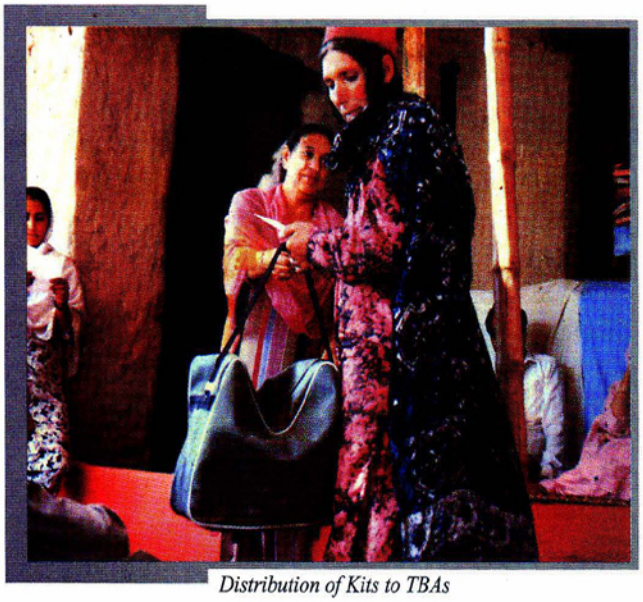
During the last three decades AKHS,P is relentlessly working in these areas with local people to evolve a health care system which is qualitative, affordable, accessible, sustainable and suitable to area. Of course, this process has been followed through with due consideration to economic status and cultural sensitivities of the local communities. Thus, AKHS,P and local communities have gone through an intense but creative experience in health system development process. The primary objective of developing health care systems is obviously, improving the health status of the communities leading to enhanced quality of life. The existing health care system provides a range of services to a program population of 448,261

The Programs

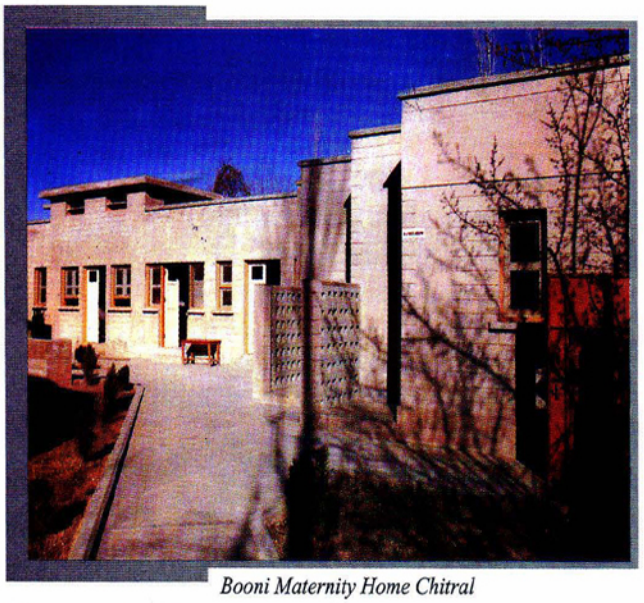
Primary health care (PHC):
The PHC is a broad term which covers a range of services such as mother and child care (MCC), health education to the communities and treatment of minor ailments. The PHC service is provided to the communities through 51 health centers scattered throughout the program area. These health centers are generally staffed by two LHVs, and these LHVs are provided support and supervision by the field teams. There are seven field teams in the Northern Areas and Chitral, and each program unit is called a program module. These modules are supported by two main offices in Gilgit and Chitral town.

The LHVs and field teams provide training to TBAs (trained birth attendants) and CHWs (community health workers). The TBAs' main job is to provide professional services to help pregnant mothers deliver babies safely and refer complicated cases to health center level, whereas the CHWs provide health education to the communities and treat minor ailments, and they refer cases beyond their ability to higher facilities in time. The PHC service has been so effective in these areas that it has brought down the infant mortality rate from roughly 150/1000 live births to 37/1000 live births within eleven years time span. The year 1998 is significant because in this year the IMR has fallen below forty to - 37/1000 live births for the first time. Total deliveries recorded were 10,832 in the program population; 84% of mothers who delivered in 1998, received ante natal care (ANC), whereas, 27% of the delivered mothers received ANC in the whole country. (World Health Report 1998) Trained persons conducted 84% of the deliveries. 88% of delivered mothers received appropriate TT immunization.

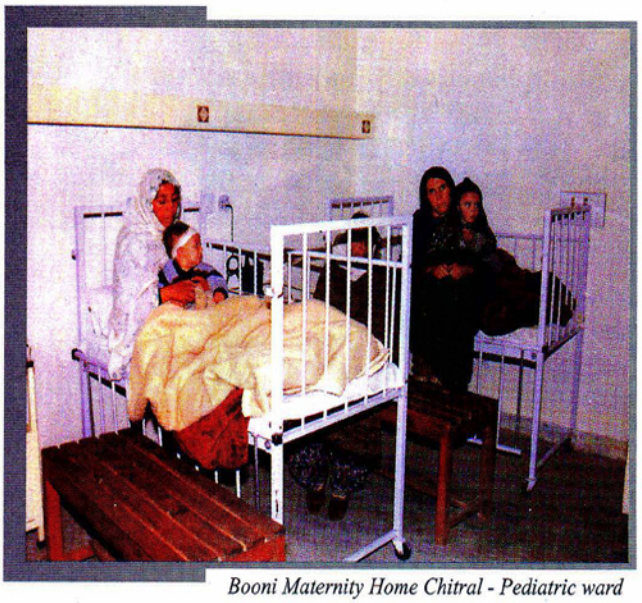
Mobile ante natal clinics have become a regular feature of the program aimed at achieving two dominant adjectives: a) identification of high risk



Distribution of Kits to TBAs



Booni Maternity Home Chitral



Booni Maternity Home Chitral - Pediatric ward

pregnancies and timely action to prevent complications, b) improving skills and acceptance of TBAs by involving them in the mobile clinics in their own villages.

Secondary Health Care:

Secondary health care service as a referral back up is essential to PHC. Without secondary care service the effects of the PHC are limited, therefore, AKHS,P Northern Areas and Chitral have started providing secondary care service from the early nineties. Currently there are three secondary facilities - Aga Khan Medical Center Singal, Aga Khan Maternity Home, Gilgit and Aga Khan Maternity Home, Booni, Chitral. In 1998, a number of consultants joined these units. As a result of inducting above professionals the utilization of the these facilities significantly increased.

Family Planning Service:

The family planning service is a relatively new service in AKHS,P Northern Areas and Chitral. Prior to introduction of the family planning service, there were some reservations as to the acceptability of the service, however this fear proved unfounded, communities accepted this service unhesitatingly. Nonetheless, there is still ample room to improve the community's awareness regarding the significance of this service.

This year the clients registered for using different contraceptive methods were 2584 as compared to last year's figure - 1909. The overall trend of using different contraceptive methods is encouraging. The most popular among the methods is injection which is 64% of the total of any method used. 29% of the clients prefer oral pills, the remaining 7% use rest of the methods. The reason for the popularity of the injection may be to avoid frequent visits which involves traveling in difficult circumstances.

Iodized Salt Provision Service:

Iodine deficiency is one of the perennial problems of the area. To respond to this deficiency, AKHS,P Northern Areas and Chitral, with the help of AKHS,P Punjab and Frontier, promoted iodized salt provision services.

Diagnosis and Referral of Tuberculosis Patients:

Tuberculosis is one of the emerging health problems of the region. AKHS,P is committed to look into it as a priority health problem. This year 79 patients were diagnosed and referred to a relevant facility for treatment.

Deworming:

The service of deworming of school children was started as an integrated activity, in 1997. During the school visits, nutritional status, hygiene of children, anemia and oral health were seen. In 1998, 3293 students were treated for mixed worm infection. 1512 children with worms came to our health centers in Northern Areas. In addition, 3027 doses of anthelmentic medicine were given by community based health workers. A total of 4539 patients with worms were treated in Northern Areas.

Primary Eye Care:

The primary eye care service was introduced in the program by a Canadian team in 1996. In a three day workshop they trained LHVs in the basics of eye care, then, they were provided eye examination kit. The LHVs were told to train TBAs and CHWs for early detection of congenital cataract and amblyopia. Since then it has become part of regular program activity.

Health Education

The entire PHC Program is based on health education, because the LHVs constantly communicate health education to TBAs and CHWs, however the health education support unit carried out its own activities of taking health educator sessions of both LHVs and the community and developed culturally appropriate health education material.

Health Education in Progress

Human Resource Development

The process of human resource development is integral to any effective organization. AKHS,P Northern Areas and Chitral is fully aware of the need to develop appropriate plans for creating necessary human resources that would meet the evolving needs of the organization:

- Two senior staff members successfully completed their masters degree from UK.

Annual LHVs Workshop at Serena Gilgit 1998

- A senior LHV completed a one month training in

"community based social development" under RTP in CHS department in AKU.

- One assistant field director participated in the "health system management" course under RTP in CHS dpt. AKU, in June 1998.

- Thirteen LHVs completed fourth and fifth PEP training under "development of women health professionals" in PEP faculty Karachi, and returned to their respective stations for practical learning.

- Four staff members of finance section participated in a one week course "development of junior accountants", organized by Pakistan Institute of Management (PIM) at Lahore.

- A senior nurse participated in a "Senior Nurse Conference" in Dar al-Salam Tanzania.

Continuous Quality Improvement (CQI)

Improving quality of service on an ongoing basis is intrinsic to the ethics of the program. Also, it is a necessary condition to attract the clients who are in search of quality service, therefore, it has serious implications for self sustainability as well. Thus, CQI is one of the top priorities of the organization.

LHVs describing Health Centre performance to General Manager Northern Areas & Chitral

An ongoing training process to continuously enhance the skills of the staff is fundamental for CQI. Usual trainings, workshops, refresher courses, seminars and conferences aimed at experience sharing, were carried out during 1998.

However, effective monitoring and supervision of the program activities is equally essential. This becomes practically possible when quality indicators are developed to monitor and critically review the program on an ongoing basis. In the redesigned MIS, quality indicators have been developed to monitor the quality and effectiveness of our service. Skilled supervision, therefore, is crucial for CQI. On an average 533 visits to the health centers were carried out by supervisors during 1998.

Linkages

AKHS,P believes and encourages an approach of multiple partnership in its efforts to develop an effective and qualitative health system. Such a system cannot come into existence without developing meaningful and creative linkages with other partners in development.

AKHS,P is working with other AKDN organizations on various levels. The network of TBAs and CHWs is primarily based on village and women organization which are evolved by AKRSP. In other words, the grass root level community institutions are shared by both AKRS,P and AKHS,P.

AKHS,P is in constant communication with Aga Khan Building and Planning Services in connection with the construction of health related facilities through out the Northern Areas and Chitral. A strong component of health education is shared with, the Water and Sanitation

Extension Program.

Aga Khan Education Services is an other AKDN partner in development. Most female staff particularly, LHVs and male staff are the product of AKES school system. Also AKES schools are used to channel health messages to the children.

AKF,P and AKHS,P have been working together to channel communication to the funding agencies and constantly undertake crucial negotiations with the donors on critical occasions.

Collaboration and cooperation with the Government has been a permanent feature of this organization. And over the time this collaboration has produced mutually beneficial results. In 1998, this relationship gained a new dimension in the that in NHP the Government has asked the AKHS,P to provide technical support in introducing community based approach in the Government health system in the Northern Areas.

Partnership with international donor agencies to develop a sound, sustainable and effective health care system has yielded positive results, therefore, this relationship will continue to play its role in future as well.

Major Achievements and Events

For AKHS,P Northern Areas and Chitral, the year 1998 has been a year of steady development and growth. Major achievements and events of this year are summarily provided in the following:

- this year, the infant mortality rate (IMR) has fallen below forty to 37/1000 live births, for the first time in the history of program.
- nearly 100% population coverage was achieved.
- started implementation of newly designed MIS.
- the construction of seven health centers and one maternity home was completed with the help of KFW and DFID.
- Corporate objectives, developed by CEO, were incorporated in the program process.
- Northern Health Project (NHP), funded by World Bank, implemented by the Government technically assisted by AKHS,P, started in the last quarter of 1998.
- both the content and form of the annual and six monthly reports were redesigned in a two days' workshop in Chitral.

NHP workshop with Government Doctors at Riveria Hotel Gilgit. 1998

- Aga Khan Maternity Home, Booni moved to an elegant newly purpose built building, and Aga Khan Maternity, Gilgit moved to a newly rented building.

Issues and Constraints

Financial Sustainability:
One of the main feature of AKHS,P's vision for future is to make the health facilities self sustainable, because the external funding is time limited. During 1998, this issue was extensively analyzed and practical steps were taken.

Sustaining interest of PHC Voluntary Worker:
TBAs and CHWs are voluntary workers of the PHC; sustaining their enthusiasm and motivation will pose a big challenge for AKHS,P in future, particularly in the presence of the national health worker (NHW) who is paid by the Government and she is doing more or less the same job.

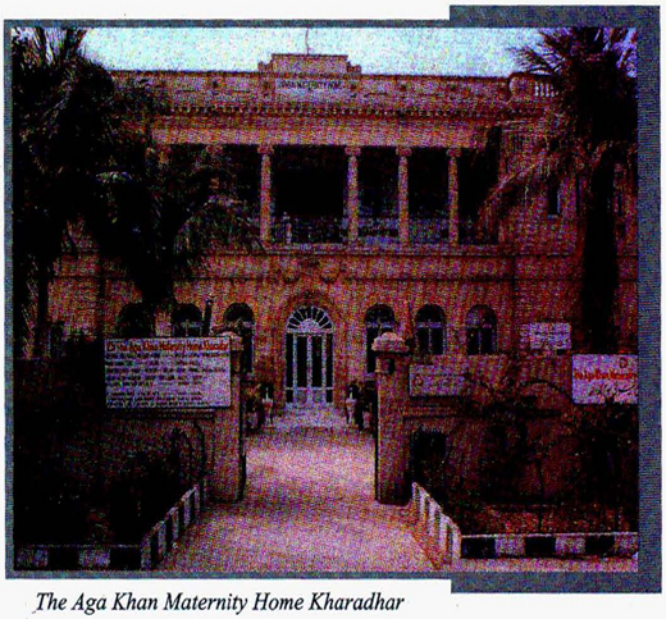
Patient Welfare Scheme:
To make the health facilities self sustainable, the members of the community have to pay for their service. However, there are members in the community who genuinely cannot afford to pay. For such members there is a need to develop a social welfare scheme through which such economically disadvantaged members of the community are financially supported. Such an arrangement will humanize the self sustainability drive. The better off members will contribute to the welfare scheme.

Extension of PHC in Non-traditional Areas:
Attempts are being made to extend PHC in the non-traditional areas. The problems of acceptability and, in the long run, sustainability are confronted, nonetheless, due attention is being given to mitigate this issue.

Flow of Funds:
In 1998, one big constraint was delay in fund flow. This problem created serious difficulties in implementing planned programmatic activities.

Karachi : the Clinical Programs

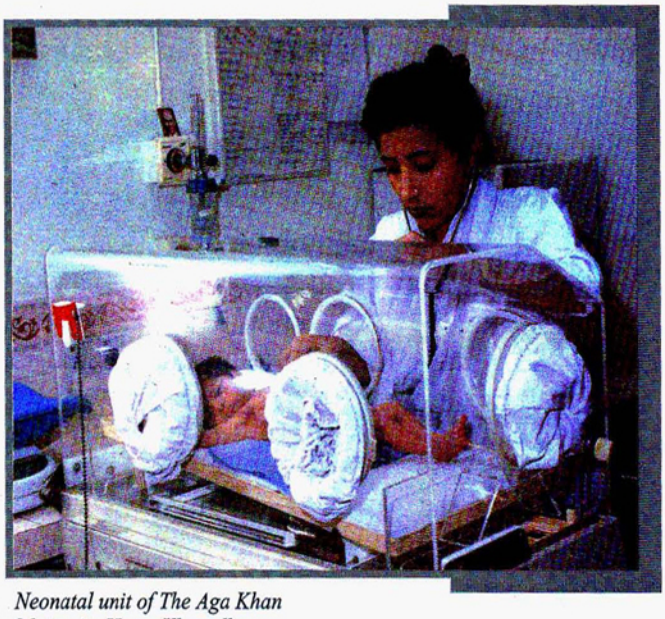
The three maternity homes and four diagnostic centres located in Kharadhar, Garden and Karimabad areas form the entirety of clinical programs in Karachi. These units serve as referral link between the community based programs and tertiary care hospitals and the surpluses so generated from these units are used to subsidise the community-based programs of AKHSP.



The Aga Khan Maternity Home Kharadhar

Maternity Homes

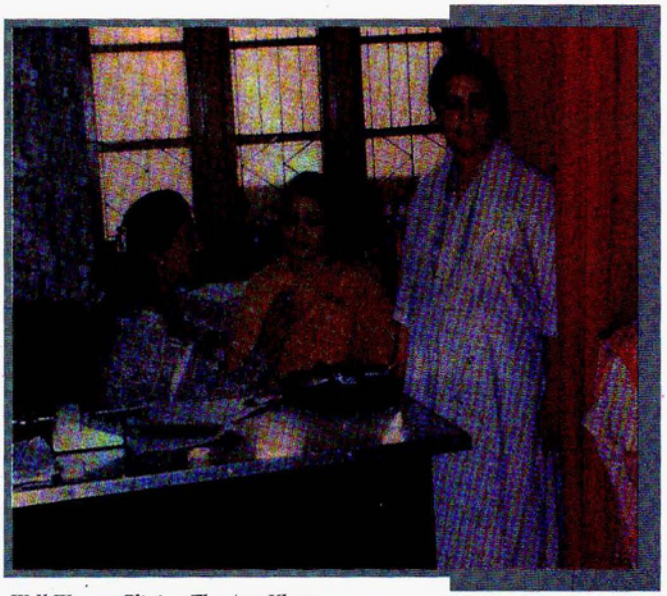
Services provided in the Karachi maternity homes include inpatient and outpatient facilities for obs/gyn and neonatal care services. In addition, the Aga Khan Maternity home at Kharadhar provides paediatric inpatient facilities through a 9-bed ward. Support services in the maternity homes include laboratory, pharmacy and ultrasound. A well-equipped nursery with incubators provides secondary care services to high-risk neonates. Facilities are also available for immunisation of women and under 5 year age children.



Neonatal unit of The Aga Khan Maternity Home Kharadhar

Behind all these services lies the basic motto of AKHSP - to improve the health of the community at large by providing quality care services at affordable rates. Hence, health promotion and preventive programs are an important part of all our programs in the maternity homes.

New services during 1998 included evening obs/gyn RMO and well women clinic in the Maternity Home at Garden. In collaboration with AKUH, General Surgery services - both inpatient and outpatient, were initiated in the Maternity Home Kharadhar.



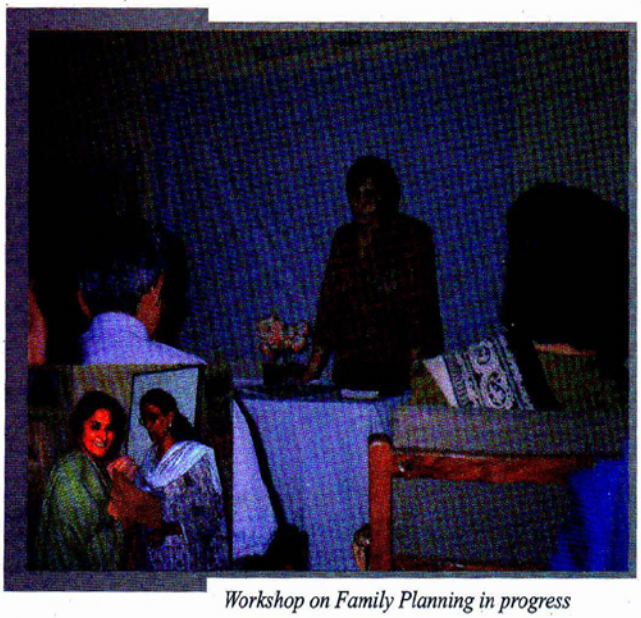
Well Women Clinic - The Aga Khan Maternity Home Garden

Performance of the maternity homes in terms of capacity, volume and financials during 1998 compared to budget is given below.

Compared to the budget, the overall actual performance of the maternity homes in 1998 showed a slight improvement in all areas other than outpatient attendance and occupancy. The admissions increased by 4% and deliveries by 1%. Financially also, the cost recovery improved by 1% and operating surplus by 7%. Lower than budgeted occupancy was due to reduction in the average length of stay which was 3.34 as against the budget of 3.60.

Maternity Home	*1998 Budget*	*1998 Actual*			
		Kharadhar	*Garden*	*Karimabad*	*Overall*
Number of beds	128	42	42	44	128
Out Patient Attendance	80046	28064	24686	22414	75164
Admissions	9240	3364	3517	2759	9640
Deliveries	5940	1981	2343	1691	6015
Occupancy (in %)	72	72	69	59	67
Cost recovery (in %)	143	122	157	150	144
Operating Surplus (in '000)	17890.1	2841.0	8450	7771.4	19062.4

Participants of Midwifery training program



Workshop on Family Planning in progress

Human Resource Development

The Midwifery Training Program:
AKHSP maternity homes in Karachi are well known for their quality midwifery-training program. In 1998, 70 new students were enrolled for this one-year training in the 3 maternity homes. On 30th October, 62 midwives studying in the 3 Maternity homes in Karachi received one-year completion certificates in a ceremony organised at AKU auditorium. On this occasion, certificates were also awarded to the two outstanding students from Karimabad maternity home who secured 2nd and 3rd positions in the Sindh Nursing Examination Board.

Continuing Education Programs:
Because of our belief in harnessing human power and nurturing our staff for continuous growth, several continuing education programs were organised during 1998. These include workshops on Reproductive Health, Infection Control, Family Planning & Ultrasound organised by the Maternity Home Kharadhar. The Maternity Home Karimabad

organised a high level Seminar on High Risk Pregnancy to reinforce the WHO Theme "Pregnancy is Special, let us make it safe" on May 4th. National distinguished speakers and staff of the maternity home Karimabad presented papers in the seminar.

Training:

Staff of the maternity homes attended the following training programs:

- CTG interpretation and Ultrasound Doppler organised by Liaquat National Hospital
- Epidemiology and surveillance organised by AKU - CHS Department
- Advance Neonatology course organised by AKU - Paediatric Department
- Matron Kharadhar Maternity Home joined part time BSc nursing training at AKUSON

In addition, in-house computer and English training courses were organised for the staff of the maternity homes.

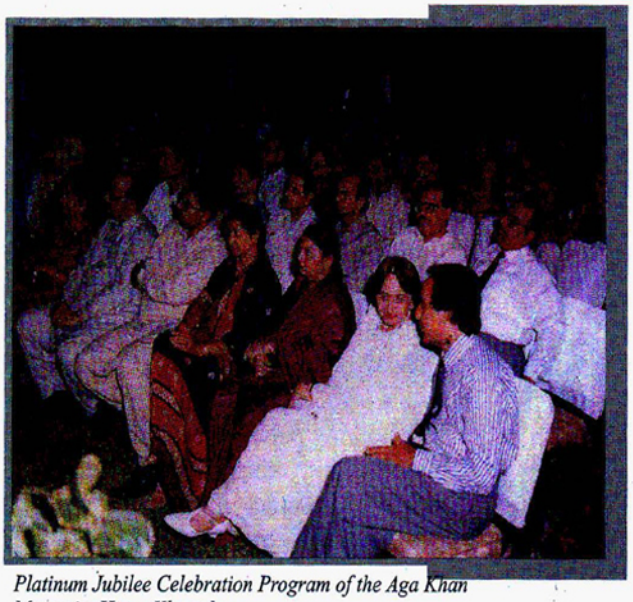
75th Anniversary Celebration

1998 was a special year for the Aga Khan Maternity Home Kharadhar as it marked the 75th anniversary of its existence on April 15th, 1998. The Maternity Home Kharadhar - (popularly known as the Jan bai maternity home) celebrated the year 1998 with great enthusiasm and zeal by holding a series of continuing education programs and appreciation evenings for its voluntary and management staff.

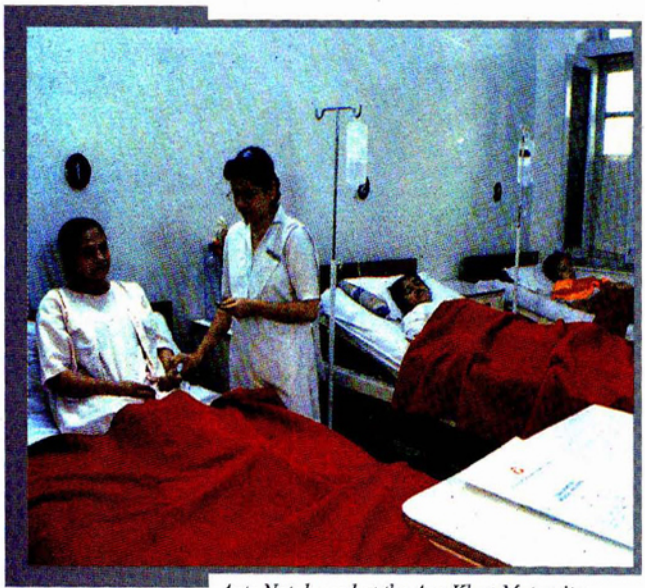
Major renovation work was also carried out in the maternity home to improve the facility while maintaining its originality and antiquity.

Workshop on Fetal Doppler Ultrasound

Dr. Afroze presenting momento to Governer Sindh, on the occasion of Seminar held to celebrate 75th anniversary of The Aga Khan Maternity Home Kharadhar



Platinum Jubilee Celebration Program of the Aga Khan Maternity Home Kharadar



Ante Natal ward at the Aga Khan Maternity Home Garden

Quality Improvement

Nursing Quality Assurance Program (NQAP):

NQAP was initiated in 1997 with the support of AKU. This program includes development of standards and criteria (supported by training of programs) to improve the quality of nursing care. Under the aegis of this program, internal and external audits were conducted on 7 standards during 1998. The results of audit indicated marked improvement in the understanding of issues and quality of nursing care leading to further reduction in phlebitis rate, medication errors and improvement in nursing notes. Comparative results of first internal audits with baseline data was presented in the joint quality improvement committee meeting of the maternity homes held on June 8th in Karimabad Maternity Home.

In addition, the matrons developed an in-house refresher course for nursing staff comprising of a series of sessions on labour and delivery. The matrons intend to develop standards on labour and delivery in 1999.

Following participation of Matrons in the senior management conference held in January in Goa and AKHS Nursing conference held in Daressalam in December, issues related to the development of a nursing vision on quality and nursing compensation were also taken forward during 1998.

Clinical Guidelines Committee:

To improve the quality of clinical care in the Maternity Homes, and also to bring uniformity in their practices, a Clinical Guidelines Committee held monthly meetings and finalized 3 clinical protocols 1998. The rate however slowed down during the latter half of the year due to the absence of the Chair. The process of reactivating the committee however continued during the year.

Infection Control:

To combat infection, a workshop in collaboration with AKU infection control department was organised on June 20th in the Maternity Home at Kharadhar. In addition to this the practice of taking environmental swabs from nursery, OT and labour room continued in the Maternity Home at Garden.

Morbidity and Mortality meetings:

During the year, the respective Chairpersons of the maternity homes called regular meetings to discuss causes of morbidity and mortality in the maternity homes. In addition, a joint meeting of the Consultants and senior governance of the maternity homes was organised on July 25th to share each others experience with the intention of bringing further improvement in the quality of care.

Quality improvement Indicators:

To monitor the quality of maternal and neonatal care, a data base has been developed and nursing staff trained in data entry. On June 8th, a meeting was organised to dicuss indicators generated from the database. The indicators that showed statistically significant improvement included maintenance of partograph in Maternity Homes at Garden and Kharadhar, reduction in c-section rate at Kharadhar, and reduction in PV examination rate at Garden Maternity Home.

These quality improvement programs have created a tension for change in the Maternity Homes. Changes witnessed include improved communication, teamwork, documentation and co-ordination between the 3 maternity homes.

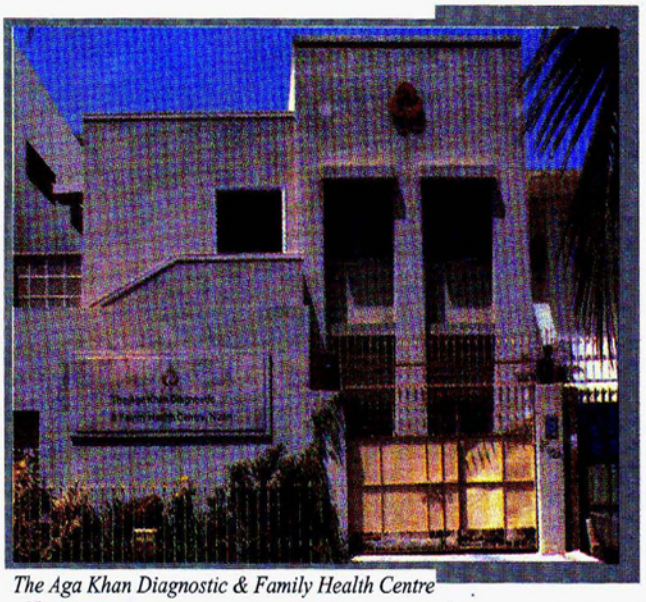
Diagnostic Centres

Services provided in the diagnostic centres include diagnostic services (x-ray, ultrasound, laboratory and ECG), dental services, specialist visits and minor surgical procedures. A range of specialist clinics- although varying by centres- include cardiology, gastroentrology, dermatology, ophthalmology, gynaecology, orthopaedics, diabetes, ENT, Chest diseases, paediatrics, psychiatry, general surgery and family medicine. All services are medium priced as per the affordability of the population in the respective area.

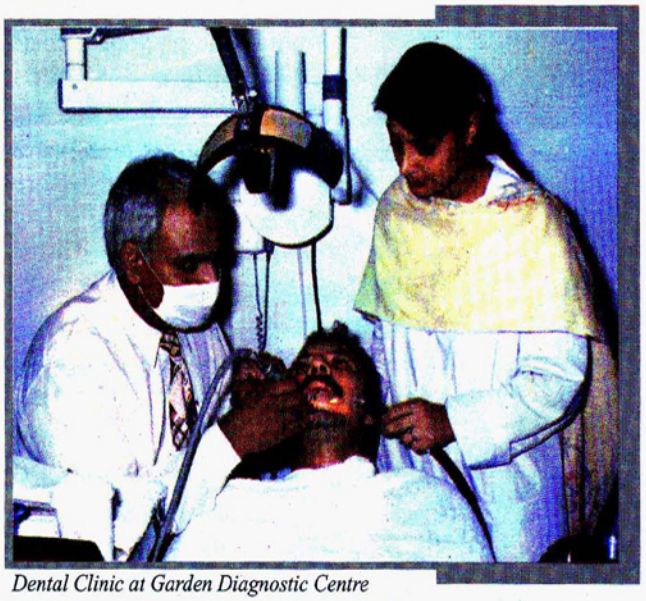
Additional services:

Among the new services initiated in 1998 were typhoid, phosphorus and pap smear tests. In addition, during the last qtr 1998, laboratory collection timings were extended at Kharadhar (till 6:00 pm) and Garden Diagnostic centre (till 9:00 pm). During the same time period, X-ray and dental clinic timings were extended till 9:00 pm and 8:00 pm respectively at the Garden Diagnostic Centre. General Surgery out patient clinic was initiated in collaboration with AKU at Kharadhar and Karimabad Diagnostic Centres.

Besides regular activities and initiatives as shown above, Karimabad Diagnostic Centre initiated special diabetic and cholesterol screening programs during the month of Ramzan. Garden Diagnostic Centre started an outreach Diabetic clinic on a monthly basis at Aminabad and Metroville areas. During 1998, medical check-up programs for special children were initiated at Garden and Kharadhar Diagnostic centres at minimal charges.



The Aga Khan Diagnostic & Family Health Centre - Nizari



Dental Clinic at Garden Diagnostic Centre

Performance:

The performance of the Diagnostic Centres in terms of volume and finance during 1998 compared to budget is given below:

Services	*1998 Budget*	*Kharadhar*	*Garden*	*Karimabad*	*Nizari*	*1998 Actual*
All Visits	81940	34655	29188	6988	15012	85843
Pathology Tests	161159	65513	51861	16802	5180	139356
X-Rays Exams	23363	12121	5297	3364	490	21272
Cost recovery (in %)	148.4	140	138	127	109	135
Operating Surplus (in '000)	8608.6	3042.5	2782.0	522.7	139.8	6486.9

Other than specialist visits, the overall activities were lower than the budget. The financial position in 1998 was also below the target due to the increased cost of supplies and utilities.

Quality Imporvement:

The following quality improvement efforts were made by the governance and management of the Diagnostic Centres to improve the quality of care provided by the Centres:

- Hands on as well as formal instructions were provided to the dentists working at the 4 diagnostic centres from November 26 - December 8, 1998 by Dr. Amir Lalani a well known dentist from Canada. The purpose was to update and standardise treatment procedures of crown and bridge.

- From October, monthly training of phelobotomists and technicians was organised by the Garden Diagnostic Centre to improve the quality of laboratory services

- With the hiring of new pathologists at Garden and Kharadhar diagnostic centres with FCPS degrees, the Diagnostic Centres have initiated the standardisation of laboratory test methodologies like occult blood, blood group, GCT, mantoux test etc. Also the reference values of normal range have been revised and controls are regularly run and maintained. Where need be, the laboratory results are clinically correlated and referring physicians are informed to improve patient management.

- All the Diagnostic Centres send samples at random to AKU to confirm the validity of their results.

Diagnostic and Day Care Surgery Centre at Karimabad:

In 1998, AKHSP governance initiated a fund raising campaign for the new Diagnostic and Day Care Surgery Centre at Karimabad. Under this project, the current Diagnostic Centre will be replaced by a state of the art Diagnostic and Day Care Surgery Centre at the premises of the Karimabad Maternity Home.

The centre has been planned keeping inview the needs of population residing in Federal B Area of Karachi, both at present and in the foreseeable future. The centre will cater for the health care needs of over a million population residing in the vicinity. It is expected that over 100,000 patients will visit the centre and 2000 surgeries (including Eye, ENT & General Surgery) will be performed anually with latest diagnostic and consulting service available.

Karachi : the Community Program

Karachi community programs are spread over the three regions of Karachi: Garden, Karimabad and Kharadhar. These three regions have 23 health centers of which 9 are the main centers and the rest are the sub centers. These also include 3 Family Health centers. Almost 4000 families are registered with these centers. FHCs register all the families in their area but in MCH, the families registered are only the families with under 5 children.

Regions	Family registered	Under 5	Under-3
Kharadhar	337	421	227
Karimabad	1517	1707	1100
Garden	1918	2314	1697

The reports from the three regions of Karachi indicate that the total population of under three year old children varied in the different regions throughout the different quarters. The total under three-year population at the end of the last quarter in Karachi was 3014

All these services are also available to the service populations who are not registered with the center but access it as and when needed.

Services Offered By Karachi Community Programs

MCH Service:

All the women and children in the target population of the Maternal and Child health centers are provided health promotion services. All the children under three years of age visit the centers for assessment of the nutritional status, health promotion activities, immunization activities and promotion of breast feeding. Altogether these services are called GOBI which stands for Growth monitoring, ORS, Breast feeding and immunization.

A look at the last quarter's report from the health centers indicates that 3014 children were registered with the center in the last quarter of the 1998. Of these 2518 children were normal. This indicates that 83.5% children in the program population have normal weight. In order to achieve this high level of nutritional status health centers had organized regular health education sessions for mothers on healthy diet, healthy weaning diet.

A very strict monitoring system was instituted that ensured that all these children were contacted at least once in every quarter.

In Karachi, 1185 children turned one year in 1998 and the reports indicate that 100% of these children were fully immunized according to EPI schedule. This significant achievement is credited to health education and awareness activities from our MCH centers, which has motivated mothers to bring to the centers for immunization.

Ante natal health education and promotion is an integral part of the MCH programs of Karachi along with other services being offered. These centers also provide very active counseling to mothers on family planning issues.

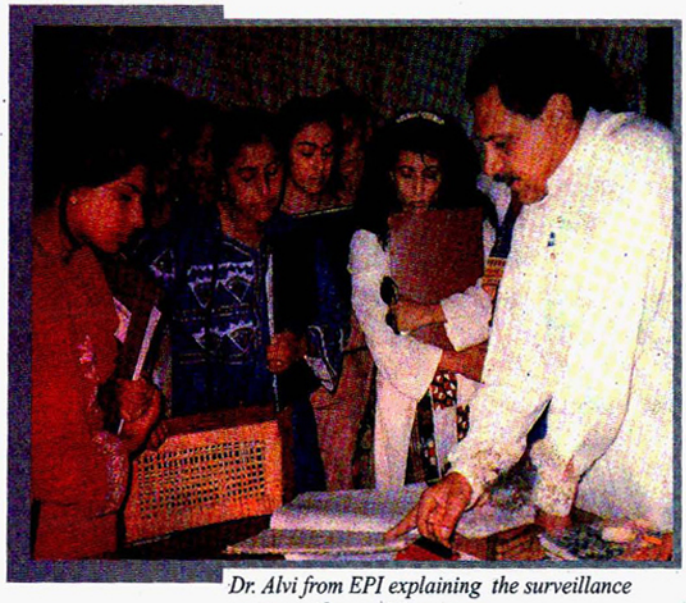
Area	<3	Normal	% Nor.	FDEG	SDEG	TDEG	% Malnut.	N. Cont	%
Karimabad	1100	966	87.8	32	8	1	3.72	8.45	93
Garden	1687	1398	82.9	42	6	5	3.14	13.9	236
Kharadhar	227	154	67.8	20	4	0	10.5	21.5	49
Total Karachi	3014	2518	83.5	94	18	6	3.9	12.54	378

Family Health Component:
Many of the MCH centers are now converting to FHCs and hence increase the scope of health care services to the entire families. The data from these centers indicate that wherever these centers had the required number of staff, the performance has been excellent. These FHCs have not only affected the family health programs but also had a very positive effect on the MCH services provided from these centers.

Dispensary services:
Karachi community programs also offer basic curative care services through its dispensaries. These dispensaries are operational for almost eight hours a day. Due to increasing need of the basic curative care in certain areas, these dispensaries have increased their service hours.

Human Resource Development

The Karachi Community Program is cognizant of the importance of human resource development programs and its effect on the overall quality of the program. LHVs of Karachi attended monthly education sessions organized by DOHE and had the opportunity to improve their knowledge in the following subject areas:



Dr. Alvi from EPI explaining the surveillance system to the participants

- ARI, diagnosis and management
- basics of EPI
- management of common skin infections
- malaria prevention
- identification and prevention of leprosy
- prevention of hepatitis B and hepatitis A.

LHVs of Karachi were also fortunate to participate in the following workshops organized by DOHE:

- two days workshop on behavior change model
- two days workshop on indigenous materia development
- self help group follow up workshop

These workshops provided our LHV with an opportunity to share thei experiences with the LHVs of othe regions, learn techniques of preparing different types of materials t communicate health educatio messages and share the lessons learn through their program with the othe participants of the workshops.
One LHV completed her training o DWHP in 1998 and two LHV finished their theory sessions.

Linkages

- Karachi community program provided the opportunity fo BSC Nursing students from AKU to learn about th community dynamics and th role of nurses in th community.

the Polio drive was conducted in all h

the areas to support the EPI campaign

Achievements and Events of 1998

The following are of note:

- Rahimabad and Salimabad FHCs excelled in their performance through reducing the non-contacts of the centers to zero.
- the community was mobilised in all areas for cleanliness and Malaria free drives.
- the reports of 1998 indicate that CBR of the AKHS, P program population residing in Karachi has reduced to 11.5
- in 1998 incidence of low birth weight in Karachi reduced to 4.5
- IMR in the program population of Karachi has reduced to 12 from 18.
- a pilot program on preventive eye care was designed in collaboration with AKU and a Canadian consultants and was launched in Karimabad jurisdiction and has shown excellent results.

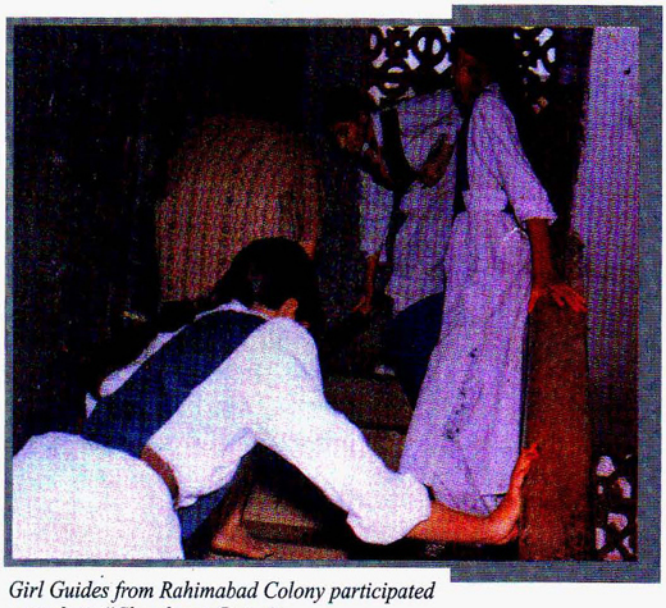
Karachi Health Centre participated actively in the Polio vaccination campaign

Children of Rahimabad Colony participating in the awareness campaign on Malaria

Issues And Concerns

We remain concerned about the following:

- turn over of CHNs in Karachi Family Health Program remains a major issue. The turnover has been due to marriage or migration of the young CHNs.
- SHS component of the Karachi community program has become very diluted in the



Girl Guides from Rahimabad Colony participated actively in "Cleanliness Drive"

- overall model of FHP. Efforts need to be invested in reviving the SHS.

- with the introduction of the FHP, there has been a change in the MIS tools also. This has produced two different types of MIS systems for Karachi, which produces difficulties for drawing conclusions about the health status data. The MIS for the community program needs to be revised and reviewed and an integrated MIS system should be developed.

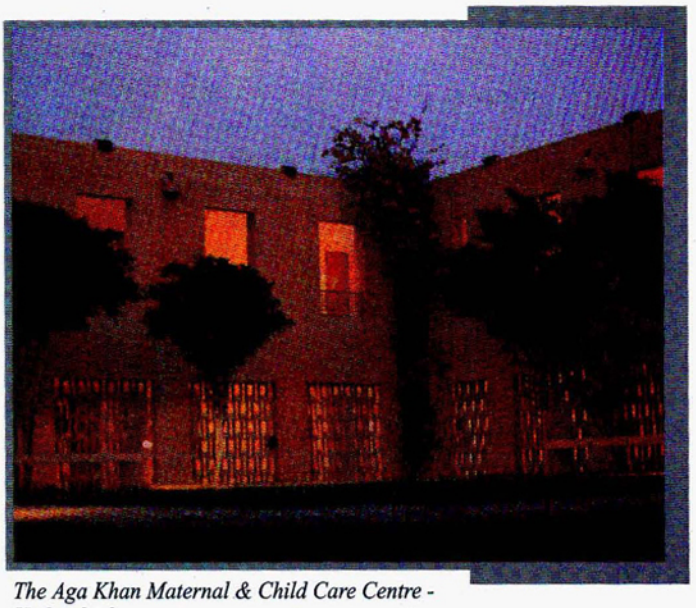
- opening of the MCH center in the Maternity Homes and AKU has increased the number of non-contacts at MCH. The mothers who deliver at these facilities like to acquire their MCH services also from there.

- increasing marketing of various vaccines in the community and the provision of additional vaccine coverage from AKU has created the demand for providing vaccination on Hib and Hep. A from our MCH centers. AKHS, P has however not introduced a policy in this regard.

- the FHP component has been introduced but its focus has been on providing the non tangible services such as health promotion programs. In order to sell the program into the community, we need more tangible services such as screening, walk in heart health clinics etc. The FHPs desperately needs to introduce these services in its program delivery model.

Sindh

The year of 1998 has seen a steady growth of the health system in the program area of AKHS,P Sindh. The total population served by health centers and family health centers consists of 80,000 individuals. Out of this population, 20,000 (the program population) are registered with HCs and FHCs. The rest of 60,000 population receive service as and when needed.



The Aga Khan Maternal & Child Care Centre - Hyderabad

Types of Services

AKHS,P Sindh is providing a range of quality services through its health facilities - 18 health centers, 3 family health centers and Aga Khan Maternal and Child Care Center. These services are aimed at meeting the health needs of the communities. These services are briefly summarized in the following;

Year	IMR	U5MR	CBR	CDR	Polio Cases
1995	63	88	25	7.5	0
1996	34	47	21	7	0
1997	32	37	19	6.5	0
1998	51	60	17	6	0

Maternal and Child Health (MCH) Service:

Ante natal, natal and post natal service is provided by AKHS,P Sindh. This year 100% of pregnant women, in program population, received ante natal care. 99% of the deliveries in the program population were carried out by trained persons.

As part of child care, growth monitoring up to 5 years of age, immunization according to EPI schedule, promoting breast feeding up to 2 years of age and nutrition counseling services, are provided. 100% of under one year children have been fully immunized against communicable diseases. 92% of the new borns in program population were immunized against the Hepatitis B. Among the under five years of age children, 96% are growing normally in their weight for their age.

Family Health Service:

The provision of more and more family health service is part of AKHS,P's overall future strategy. Following this direction, AKHS,P Sindh, is converting more and more health centers to family health centers.

Health Education session for Mother & Child Health in progress

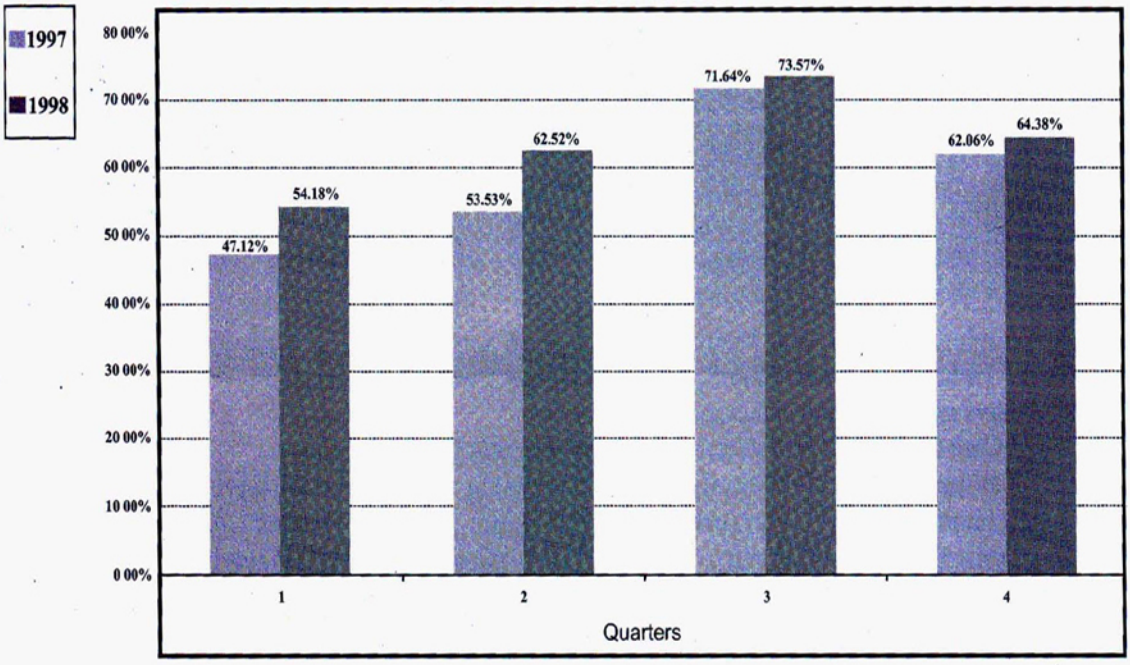
Delegation from Tajikistan visiting AKMCCC

Family Planning Service:
FPS is now an integral part of the our program, therefore, our facilities provided both contraceptive and counseling to the clients regularly.

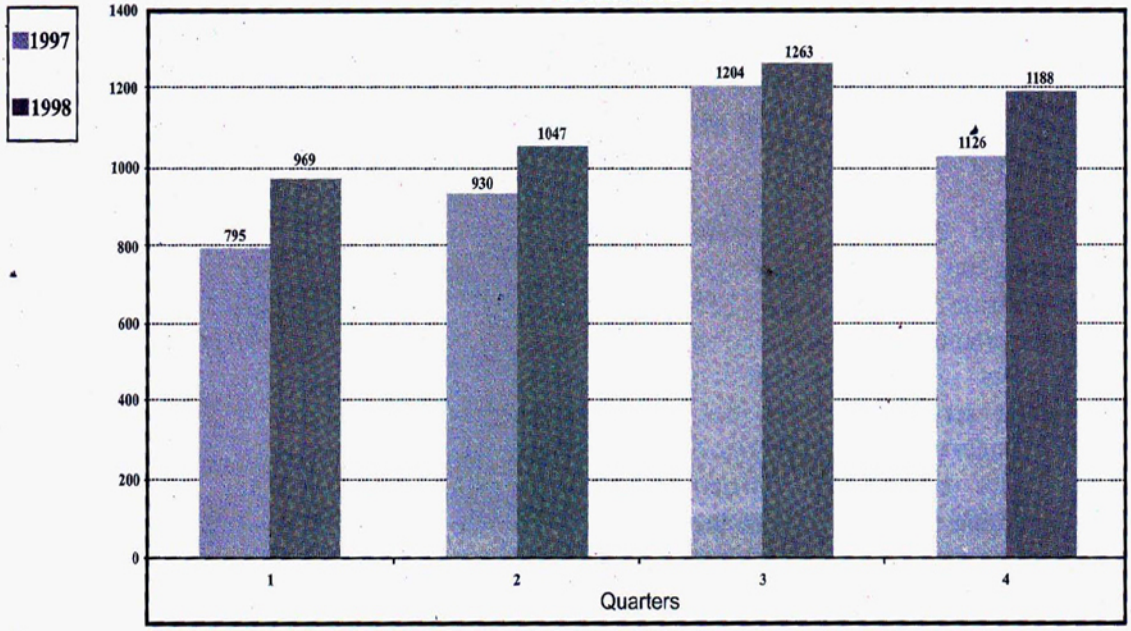
Referral Services:
Our primary health care is connected with the referral service, mainly provided by AKMCCC.

Aga Khan Maternity and Child Care Center (AKMCCC) Hyderabad:
The AKMCCC became operational in March 1989. It has 68 beds, out of

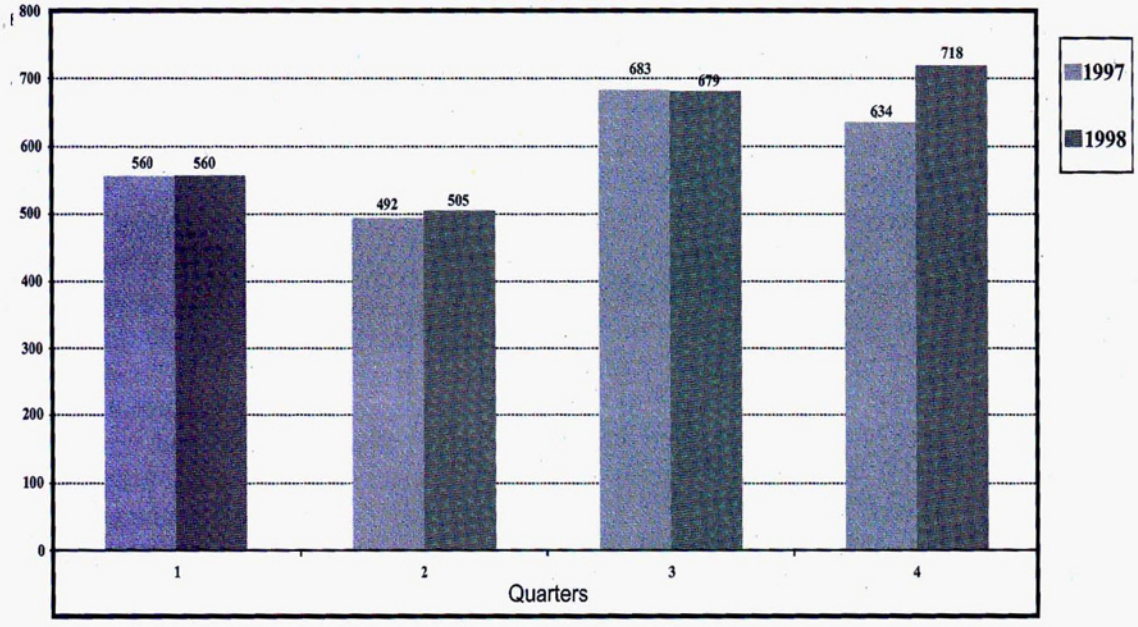
The Aga Khan Maternal and Child Care Centre, Hyderabad
OCCUPANCY



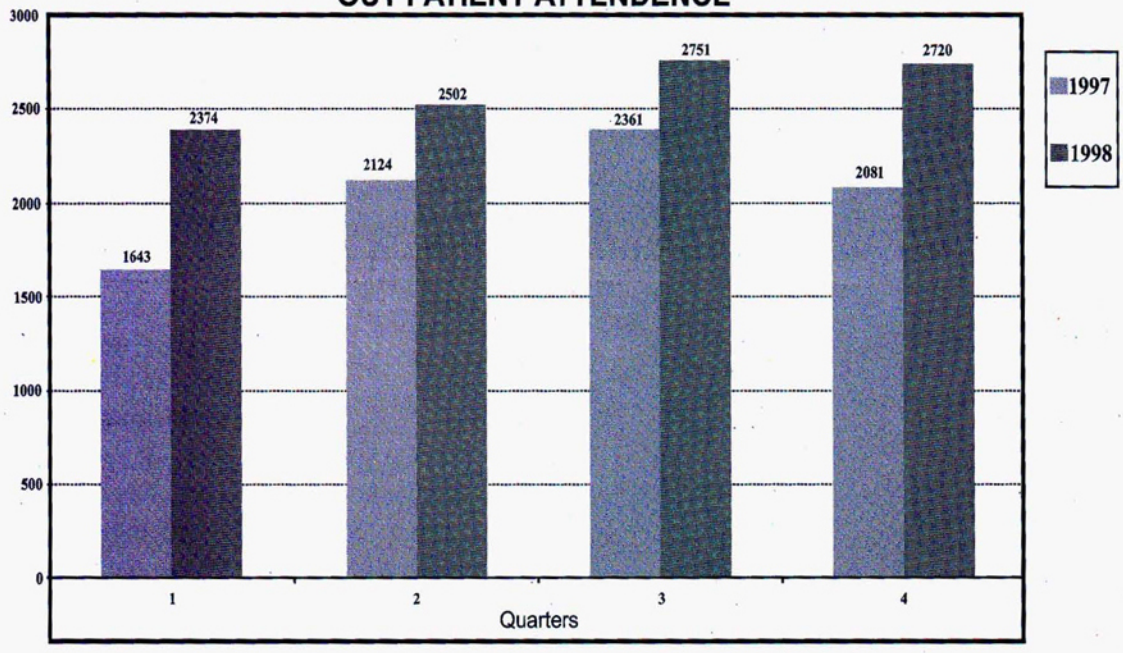
The Aga Khan Maternal and Child Care Centre, Hyderabad
ADMISSIONS



The Aga Khan Maternal and Child Care Centre, Hyderabad
DELIVERIES

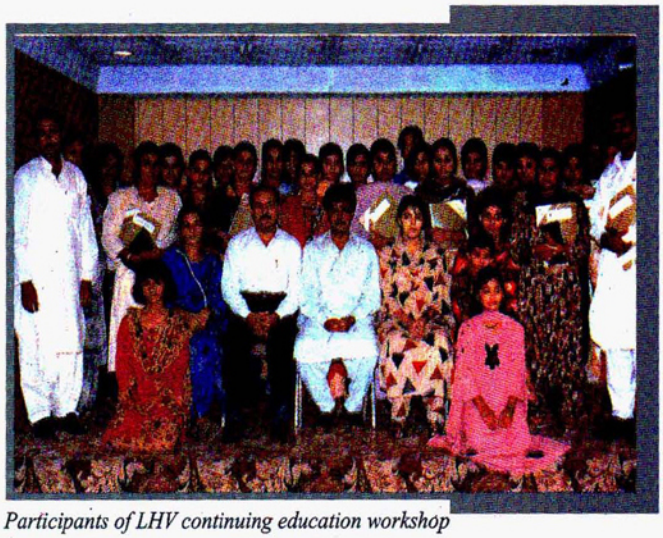


The Aga Khan Maternal and Child Care Centre, Hyderabad
OUT PATIENT ATTENDENCE



which 10 are private and another 10 are semi-private. Since its inception, its utilization is satisfactorily growing.

In addition to above services AKMCCC provided family health assessment by lady doctors, diagnostic services through ultrasound, laboratory pickup service, D and C, episiotomy, forceps deliveries and in gynecology obstetric care through lady doctors. These services are supported by pharmacy services at AKMCCC.



Participants of LHV continuing education workshop

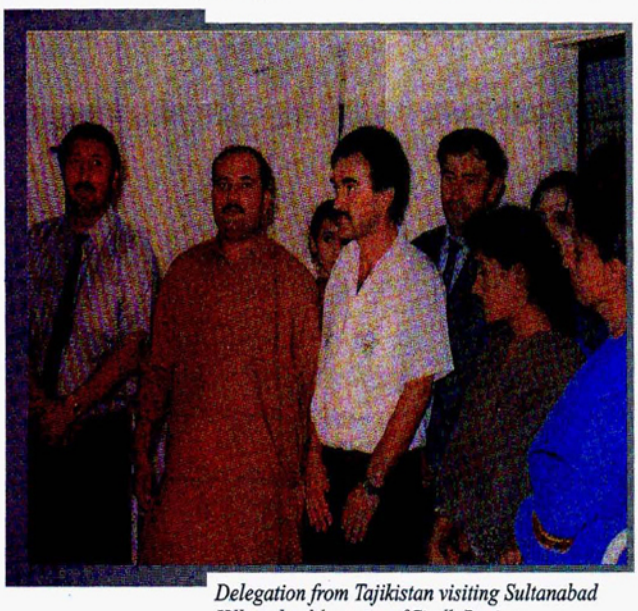
Human Resource Development

Every year young girls are provided the opportunity to be trained midwifery. Currently ,there are 20 students who are undergoing midwifery training.

AKMCCC plays a significant role in providing short trainings of different types to our staff, and thus, it has proved to be a resource to develop skills of the staff who work in various health centers and family health centers.
Our staff are encouraged to attend seminars, workshops and trainings of different durations to strengthen the human resource base in the program.

Linkages

AKHS,P Sindh, believes in forging linkages with the Government, other



Delegation from Tajikistan visiting Sultanabad Village health centre of Sindh Region

AKDN institutions, NGOs and Jamati institutions. There is an atmosphere of mutual trust with the Government, AKHS,P Sindh invites Government health personnel on occasions to deliver important lectures and courses.

Achievements and Events of 1998

- the general performance of the AKHS,P Sindh improved steadily.
- the Tando Allahyar health center excelled other health centers in performance with 333 deliveries at its credit.
- since 1996 no maternal death has been recorded.
- the performance of AKMCCC significantly grew this year.
- 82 patients suffering from pulmonary tuberculosis were fully treated through TB control program.
- a total of 165 members of Jamat belonging to diverse age groups were seen by eye, ENT and skin specialists at AKMCCC. The objective of this exercise was timely referral to the relevant facility after diagnosis of the decease.

Punjab

The health indicators clearly reveal that the year 1998 has been generally a year of improved performance with falling IMR (in 1997 it was 42/1000 whereas in 1998 it has fallen to 33/1000) and increasing coverage of immunization in the program population. The MCH recovery this year is 38.5% and the recovery of secondary care service is almost 78%. This year, the critical review of second five year plan, ending in the year 2000, has also indicated that most of the objectives of the five year plan have already been achieved, however, there are still challenges ahead to face therefore, complacency should not be allowed to creep in. The following report summarily represents the core services, activities, achievements, events and issues of the Aga Khan Health Services, Pakistan, Punjab and Frontier. This report, in essence, attempts to provide a rounded up picture of the program processes.

Our Services

MCH Services:
Aga Khan Health Service, Punjab and Frontier provides services related to ante natal care, post natal care, immunization, preventive child health and health education. In 1997, Aga Khan Health Service Pakistan, Punjab and Frontier region a initiated MCH service for some of the clusters who have no access to our service. This service is called "cost effective alternate health care program". This program will be reviewed in 1999 and a decision will be made as to continuation of this service.

School Health Service:
In all our units, medical check-ups of those children who are 5, 10 and 15 years of age, are arranged. We are receiving demands for this service from other schools as well.

Family Planning Service:
All our health outlets are actively engaged in providing family planning services to safeguard maternal health and control the population explosion leading to enhanced quality of life. Both counseling and contraceptives are provided to achieve this objective.

Family Health Service:
AKHS,P's future direction is to gradually introduce family health program through its health centers which are currently providing primary health care. Aga Khan Health Service Pakistan, Punjab and Frontier region has made all necessary preparations to start family health service from 1999.

Dental Service:
Dental service is being provided for quite a number of years through Aga Khan Health Service Pakistan, Punjab

Dental Clinic at Rawalpindi Health Facility

Well baby clinic in progress

and Frontier region health outlets. This year the dental service has achieved its financial objectives. Also, a new dental unit has been installed in Rawalpindi in 1998, which is already showing very encouraging results.

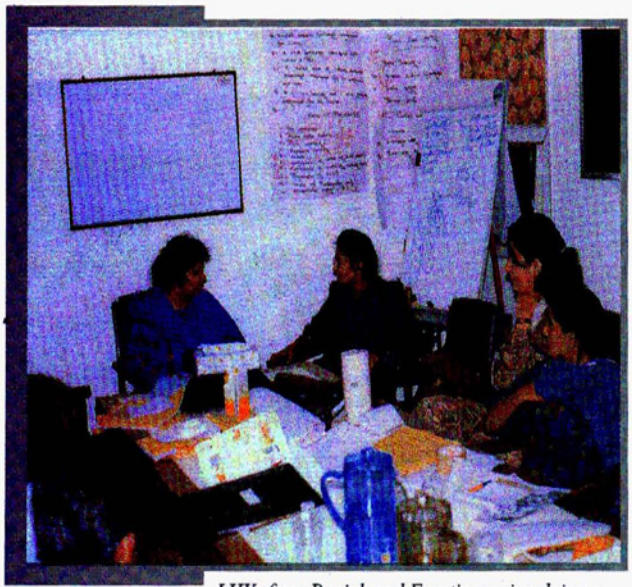
All our MCH services are strongly linked with relevant doctors and consultants on a referral basis, and our clientele is availing these facilities with maximum discount.

Iodized Salt Service:

Since 1970 Aga Khan Health Service Pakistan, Punjab and Frontier region has provided the iodized salt service to Northern Area and Chitral to control the goiter formation due to iodine deficiency in the Northern population. This year this service was carried out as usual.

Human Resource development

Continuous development process of the human resources is an integral part of any successful organization. Aga Khan Health Service Pakistan, Punjab and Frontier region is providing opportunities to its staff to undergo short and long term training programs. Through these training programs, staff grow in their skills and knowledge which in turn enhance the quality of its services.



LHVs from Punjab and Frontier region doing a role play in the workshop for continuing education

Our Field Director has been awarded a German Academic Exchange Service Scholarship for 1998-99 program

Three LHVs have completed their PEP training. One LHV has graduated from Canada as part of LMP program. She has been promoted to health education coordinator.

Continuous Quality Improvement (CQI)

Continuous Quality Improvement is necessary to provide quality service to the communities. AKHBP, makes continuous attempt to add skills to its staff through various training processes. These trainings are provided in diverse but relevant areas. This year LHVs were given training in health education. Also training was conducted on financial management; a workshop was arranged for LHVs and volunteer health workers; a seminar was organized on environmental protection; a workshop was convened on material development by ADB. All these training processes were directed at the improvement of quality service. Continuous monitoring and evaluation of the program is crucial for on going quality improvement.

Major Achievements and Events of 1998

- review of 2nd five year plan most of the objectives of which have been achieved. This has been possible due to increased capacity in communication, planned human resource development and referral backup support through Aga Khan Dispensaries, Government hospitals and above all close supervision and monitoring process. As a consequence of this review the range of MCH and Family Planning Services have been increased.

- preparation and partial

introduction of the family health program.

- the dental service achieved its financial targets and a new unit was installed in Rawalpindi.

- the Aga Khan Medical Center Sarghoda has achieved its financial targets but could not become self sustainable due to non-availability of the required equipment; now this equipment has been installed it is expected that the performance of AKMC Sargodha will improve.

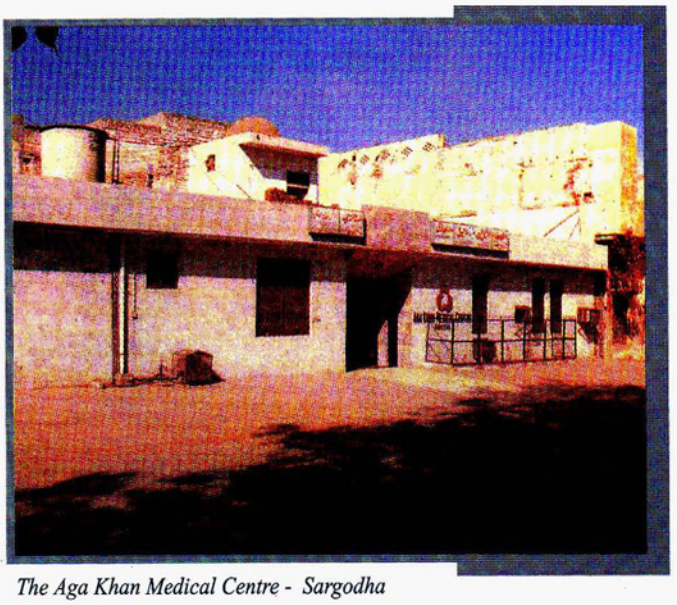
- Construction of Multan Health Centre has been completed and the construction of Uch Sharif Health Centre is nearly complete. Bhera and Lahore Health Centres moved to newly acquired four room buildings.

- CEO visited the area several times. He introduced corporate objectives and streamlined the management system in the entire AKHS,P which has facilitated our relationship with the main office in Karachi.

Issues and Constraints

- One of the main constraints the organization faced, during 1998 was the main office not being able to extend the necessary support to the LHVs in the field due to shortage of field team members. The situation has been reviewed and necessary steps to remove these communication gaps have been planned during this year.

- The economic crisis in the country has adversely impacted the paying capacity



The Aga Khan Medical Centre - Sargodha

of the users. As a result, the patient flow has decreased. However necessary steps are being taken to reverse the trend, particularly through improving the marketing strategies and equipping our facilities with modern technology and appropriately skilled technicians.

- The level of community participation and mobilization needs to be raised to a maximum level. In order to achieve this objective, training in social organization has been provided to some of the staff through PEP and LMP with the collaboration of DWHP.

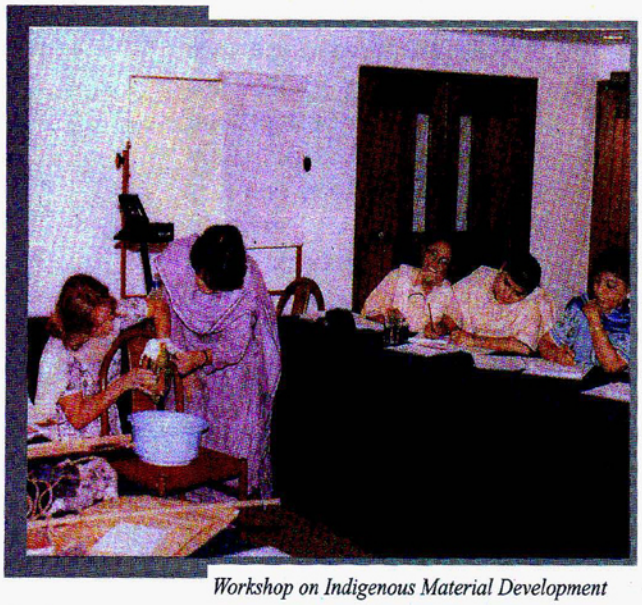
- Private sector and other NGOs are introducing a wide range of quality services; this has created more competition in the market, AKHBP is fully aware of this issue and it is taking necessary steps to overcome the problem

- One of the big problems facing AKHBP is the scattered nature of its program population. The unattractive condition of the physical infrastructure is another problem; both these factors apparently dilute the effectiveness of the program processes.

Health Education

Health education is an integral part of any sound and effective health care system, and it is primarily aimed at attitude formation, awareness about health needs and promoting the preventive side of the health care system. In view of the significance of health education, AKSH,P has established a department which is called "Department of Health Education" (DOHE), the fundamental responsibility of which is to function as a resource for other regions of AKHS,P.

Basic EPI training workshop in progress



Workshop on Indigenous Material Development

Currently DOHE focuses on the following main areas:

- human resource development in health education
- infectious diseases control program
- development of special health promotion
-

Human Resource Development

The following programs were conducted:

- a two day workshop on a behavior change model, with 25 participants from various AKHS,P's regions.
- a two day workshop on indigenous material development took place in September 1998 in which 26 participants belonging to various AKHS,P boards took part. The participants learnt techniques of preparing different types of materials to communicate health education messages effectively.
- a self help group follow up workshop was held in September in which the participants shared the progress of the group formation. Experiences and lessons learnt were exchanged.

Continuing Education for CHNs and LHVs

The following work was completed:

- sessions on ARI and diagnosis and management of

ARI were conducted by Dr. Salma Alam and Ms Zenat Kishwani respectively.

- a one week training on basic EPI training course was arranged in the month of April.

- a session on the management of common skin infections was conducted by Dr. Seema, in the month of May.

- a three day program on advanced EPI training was conducted by Dr. Alvi in which 13 senior LHVs and CHNs participated.

- Dr. Khawaja conducted a session on malaria in the month of August.

- speakers from Marie Adelaide Leprosy Center conducted a seminar on "identification and prevention of leprosy" in September.

- a session on "prevention of hepatitis B and hepatitis A was conducted by Mr. Munir Tahir Shaikh in the month of September.

Self help group at Rahimabad in Progress

Dr. Aftab from DOHE conducting a workshop on Communication Skills.

Infectious decease control programs and campaigns

These were as follows :

- a health education campaign for the prevention of typhoid along with TAB vaccination of the jamat was organized for all the AKHS,P regions. 30,000 doses of typhoid vaccines were administered in this process.

- a compaign for the prevention of cholera was designed; it consisted of cholera prevention guide lines prepared by WHO, a workshop on cholera prevention and a public awareness program for cholera prevention.

- Polio days were actively celebrated and communities were motivated to promote vaccination of children against polio.

Special Health Promotion Programs

A number of initiatives were developed:

- a complete proposal for a community based heart health program was developed by

DOHE. Subsequently, a core group of community programmers from AKHS,P and AKU cardiac specialists and family medicine physicians was established. An intervention program is being designed which will be launched in 1999.

- a pilot program on preventive eye care was designed in collaboration with AKU and Canadian consultants and was launched in Karimabad jurisdiction. A review of the program, in October this year has shown encouraging results.

- in order to create awareness amongst mothers about healthy diets for children, an interactive nutrition awareness day, involving all MCH centers, was celebrated.

- DOHE has developed a concept paper on AIDS awareness in line with the AKHS,P five year plan review document.

- as part of monthly awareness programs DOHE arranged to deliver short talks in jamat khanas on red eye, diarrhea, typhoid and malaria. The content developed for this purpose is being shared with relevant health education units in other regions as well.

Audio Visual Material Development

Material was developed as follows:

- a preventive eye care program, for children, based on slides has been developed and launched.

- to generate awareness among the jamat, about malaria, DOHE published a calendar with effective messages on malaria prevention. The project was successful because all the copies of the calendar were sold and 50% of those who received the calendar have fumigation in their house holds.

- DOHE has started publishing a news letter from 1998, to disseminate meaningful health education in print form. This will prove to be one of the most effective mediums to promote health education in the communities.

- three articles have been prepared to be published in the "Ismaili Pakistan"

Aga Khan Health Service, Pakistan

HEALTH PROMOTION UPDATE

Issue 2 — SPECIAL ISSUE — January-March 1999

ACUTE RESPIRATORY INFECTIONS IN PAKISTAN

Acute Respiratory Infections include infections in any area of the respiratory tract including nose, ear, throat, (pharynx), trachea, bronchi, bronchioles and alveoli (lungs).

Many areas of respiratory tract can simultaneously be involved and there can be a variety of signs and symptoms of infection. These include:

- Cough or difficult breathing
- Sore throat
- Ear problems
- Runny nose

Burden of the Disease

ARI and diarrhoea are the two most important preventable causes of death in children under 5 all over the world as can be seen from the following table. In Pakistan Pneumonia and diarrhoea account for large number of deaths in children below 5 years. Out of 700,000 annual death, nearly 250,000 deaths are due to Pneumonia. This

Percentage of deaths associated with

Acute Respiratory Infections	33.7%
Malnutrition	29.0%
Diarrhoea	24.7%
Malaria	7.7%
Measles	9.5%
Due of more of these conditions	71.0%

means:

- 700 children every day
- 500 children every 12 hours
- 1 child every two minutes.

This huge mortality goes virtually unnoticed - despite the fact that it is equivalent to a jumbo jet carrying 400 children crashing every hour, day after day. The fact that these children go on dying is an international disgrace, because we have the means to prevent these deaths: *Immunization and antibiotic treatment.*

With regard to morbidity ARI happens to be one of the commonest cause of illness. Various surveys in Pakistan show that every child U5 gets 4 to 6 epi-sodes of ARI on an average in a year. There are more than 20 million children U5 in Pakistan giving 100 million episodes of ARI every year. Frequency of ARI increases in winter months and is northern areas of Pakistan, where as attacks of diarrhoea increase in summer months. This clearly means that Pakistani Physicians and health workers must be fully conversant with case management of ARI and Diarrhoea. WHO is of the opinion that deaths due to pneumonia can be reduced significantly by early detection of Pneumonia and treatment with appropriate antibiotics. Simple methods of assessment, classification and treatment are now available.

(Continued on page 2, Col.1)

Theme of this Newsletter-Respiratory Infections

Support provided to other departments in the AKHS,P

This included:

- DOHE preparing and submitting a proposal on the Afghan health program responding to a request made by FOCUS Pakistan.

- DOHE played a crucial role in organizing the International Seminar to celebrate the fortieth year of Imamat and the seventy fifth anniversary of AKHS,P in Karachi.

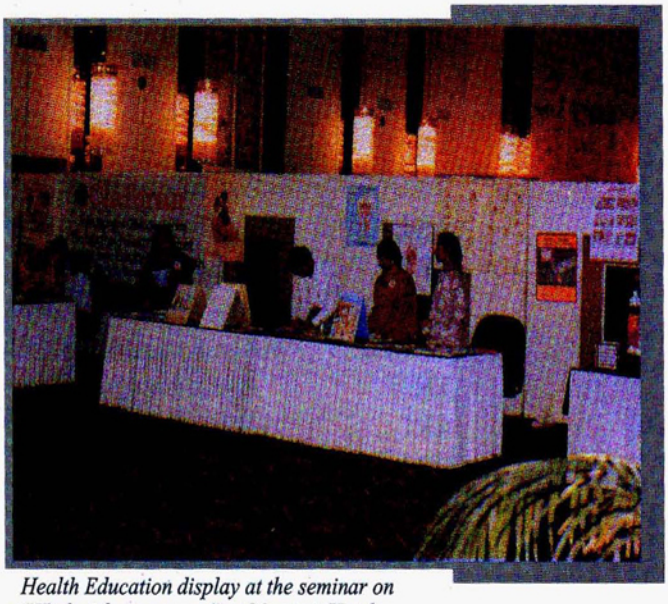
- upon the request of the Bangladesh Health Board, DOHE procured and dispatched vaccines against typhoid for the jamat settled in the flood affected areas.

Linkages

These included:

- DOHE is providing technical and practical support to various regional and local boards all over the country. The department is in constant communication with various boards to promote the health education component in their respective jurisdictions. This year we had organized meetings with all the regional boards on health education activities. These linkages with the boards will grow further and become more structured in 1999.

- DOHE is providing technical support to the "school health action program" of the Institute of Educational Development. In 1998 DOHE provided preceptorship to one B.Sc. N student from AKUSON.



Health Education display at the seminar on "High risk pregnancy" at Marriott Hotel

- DOHE is also invited to participate in the consultative group of AKDN on human development. The department is developing a joint project on hygiene facilities in rural Sindh, with AKHBP. UNICEF and the Department of Rural Development Sindh are also participating.

- as part of its outreach program DOHE is also collaborating with other NGOs such as Adelaide Marie Leprosy Center, Karachi reproductive Health project, Nirali Kitabin, Apna Sehat and Baqai University.

Abbreviations

AKDN	Aga Khan Development Network
AKHS,P	Aga Khan Health Service, Pakistan
AKES,P	Aga Khan Education Service, Pakistan
AKRSP	Aga Khan Rural Support Program
AKMC	Aga Khan Medical Centre
AKU	Aga Khan University
ARI	Acute Respiratory Infection
CBA	Child Bearing Age
CDR	Crude Death Rate
CEO	Chief Executive Officer
CHN	Community Health Nurse
CHS	Community Health Science
CHW	Community Health Worker
DFID	Department for international Development
DOHE	Department of Health Education
DHO	District Health Officer
DHQ	District Headquarter Hospital
DWHP	Development of Women Health Professionals
EPI	Expanded Program on Immunization
FAD	First Aid Post
GMH	Gilgit Maternity Home
HC	Health Centre
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IMR	Infant Mortality Rate
KAP	Knowledge. Aptitude and Practice
KfW	Kreditanstalt Fur Wiederaufbau
LHB	Local Health Board
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MIS	Management Information System
MMR	Maternal Mortality Rate
NAs	Northern Areas
NGO	Non Government Organization
NHW	National Health Work
OPD	Out Patient Department
ORS	Oral Rehydration Salt
PHC	Primary Health Care
PEP	Primary Education Programme
PIU	Programme Implementation Unit
RHB	Regional Health Board
RNP	Regional Network Programme
RTP	Regional Training Programme
TBA	Trained Birth Attendant
TT	Tetanus Toxoid
VO	Village Organization
WO	Women Organisation